

# Overseas Observer

P U B L I C H E A L T H D E V E L O P M E N T S A B R O A D

## Addressing Drug Abuse: Policy Deliberations in the Great South Land

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A watershed drug policy event took place in Australia in 1999. With a state election only 10 weeks away, a widely circulated Sunday newspaper in Sydney published a full front-page story with an explicit photograph of a young man injecting heroin on the street next to a needle exchange program.<sup>1</sup> This publication occurred in the context of a country that was experiencing other important related phenomena: the rise of heroin problems, including overdose deaths due to the widespread availability of very potent heroin, and a federal effort led by the Australian Prime Minister, John Howard, to move an established national illicit drug strategy based on harm minimization to one that was more law enforcement-oriented, the "Tough on Drugs" policy.

The newspaper image of the youthful injector ignited a public outcry. In the heat of a political campaign, the Premier of Australia's largest state, New South Wales, attempted to avoid overly politicizing

the drug issue. He promised to address the problem after the election; the forum would be a Drug Summit in which all elected representatives would meet with families of affected individuals, drug users themselves, and drug abuse experts from a spectrum of disciplines, from medicine and public health to criminology and economics. The weeklong session was held in May 1999 at the state parliament building, with excursions on one day to several drug treatment centers. The Summit's aims were to assess the current state of and existing strategies to address the illicit drug problem and to consider new initiatives focusing on education, law enforcement, prevention, and treatment. By the close of the Summit, the delegates had passed 172 resolutions in 11 categories, which were then presented to the government of New South Wales.<sup>2</sup> In July 1999, the government approved 170 of the resolutions. Extensive print and television coverage before and during the Summit focused attention on the drug problem, touching the consciousness of those who rarely considered this societal scourge.<sup>3</sup>

My presence in Australia for this period of intense public focus on drug policy issues was serendipitous. I was in the country on sabbatical to compare approaches to substance abuse, from both clinical and public health perspectives. My lesson plan included daily review of the major newspapers, as Australian society was being treated to a range of perspectives on how best to address this

particularly 20th century problem.

Newspaper articles were written by professors of medicine, police commissioners, parents of children who were addicted or had died of drug overdoses, politicians, and drug treatment practitioners in addition to journalists. Almost daily articles in Sydney's major newspapers addressed the issue of substance abuse during the 16 weeks between publication of the heartwrenching picture of the very youthful 16-year-old attempting to find a vein for injection and the conclusion of the Drug Summit.

### International Implications

The Australian experience is very important for reasons that transcend future drug policies in New South Wales. It provides important insights for other countries struggling to address these issues. Five observations from this Summit may be a stimulus for future discussions in other venues to go beyond the progress made in Australia.

- Policy discussions about illicit drugs can capture the public's attention, and the resultant public education about these issues can be significant.
- Drug users and their families represent a constituency that can have an effective advocacy role.
- Discussions about drug abuse policy can be carried out in a political forum without being dominated by rhetorical headlines or meaningless one-liners.

- A drug abuse summit may satisfy the public need to address the general issue of substance abuse, but risks removing the pressure to scrutinize the even greater public health damage associated with alcohol and tobacco.
- Physicians and public health professionals can play a central role in framing illicit drug use as a fundamental medical and public health issue.

## Public Discussion as Prevention

According to a leading theory on the cyclical pattern of drug abuse, the public's memory of the adverse consequences of the use of mind-altering substances is short-lived. Thus, for example, the negative impact suffered by one generation as a result of heroin use is repeated by a subsequent generation.<sup>4</sup> Getting messages to the population at risk for initiating illicit drug use is neither an easy nor an inexpensive task. The United States Office of National Drug Control Policy (ONDCP) has committed more than \$1 billion to the National Youth Anti-Drug Media

Campaign, an important effort to educate young people about drugs.

One remarkable side product of the recent Australian focus on drug issues was the education of the public not only about the adverse public health consequences of drug abuse, but about the sad and demeaning life the drug addict often pursues. The picture of the reality of living with drugs, as described in the media by addicts, addicts' families, doctors providing treatment, and sociologists, was not pretty. The public memory was given a potent dose of the drug abuse experience.

Government input was essential in both the convening of the Drug Summit in Australia and the ONDCP media campaign in the US. Yet what was required from government was different in each case. The Drug Summit required political leadership rather than a major expenditure of public funds. The ONDCP media campaign required public funds but little commitment at the highest level to elevate illicit drug policy to the national political

agenda. Serious public discussion requires serious political commitment to an issue's importance. The Australian experience shows that drug abuse policy is an arena in which government can lead a search for answers to a complex social problem. Serious discussion educates those talking and those listening. This kind of education may have as much, or more, national prevention impact as a billion-dollar public health media campaign.

## An Advocacy Role for Drug Users and Parents

Attracting public interest to drug abuse issues in the US has suffered from the absence of a drug abuser "poster child." Hearing about the billions of dollars spent on a social and medical problem is no match for hearing the heartwrenching tale of an affected individual. In the Australian debate, users' and parents' groups played an advocacy role.



Remarkable in the Australian discussion was that the involvement of the public in this issue was in no small part a result of parents of drug abusers sharing the difficulties, frustrations, and regrets of their experiences. The vocal presence of parents of teenage and adult children who had died or nearly died as a direct result of their addiction delivered a powerful message, despite the diversity of the group's perspectives.

The welfare of our children is a legitimate engaging concern, but not one that has been effectively adopted to promote the role of treatment in the drug abuse debate in the US. The stigma of being a parent of a child with such a problem is a heavy burden; a parent transcending personal pain and addressing a public audience is rare. And yet, much is to be learned from individuals so intimately affected by personal trauma.

In addition to the advocacy role of family members of drug users, advocacy by the drug user him- or herself is not new in Australia. Since the beginnings of the AIDS epidemic, national and state governments have sponsored organizations of intravenous drug users, referred to as "user groups."<sup>5</sup> The goals of these groups are to educate other users, to run services such as needle exchanges, to influence legislation, and to play a role in substance abuse-related research.<sup>6</sup>

## Drug Abuse Policy in the Political Forum

Rhetoric frequently dominates deliberations about drug abuse policy in the political arena, as the message for public consumption must be clear, brief, and generally tough. Thus the complexity of the issues in the substance abuse field are rarely care-

fully considered in public; the debate unfortunately gets distilled into a

conflict between ideological camps, with vacuous flags such as "It sends the wrong message" or "Legalization will avert the worst consequences." Relatively unique in the New South Wales Summit discussion and its media coverage was the extent to which an in-depth consideration of the evidence for various approaches was considered. The result was an unusual political occurrence: the Premier of New South Wales declared at the end of the Summit that he had changed his views on some specific drug reform measures that he previously had firmly opposed. For example, he expressed willingness to consider in certain circumstances the use of a novel harm-minimization approach, public injecting rooms, for intractable, hard to reach injection drug users. The media and the public, having been very much part of the debate, considered the Premier's about-face to be the mark of a thoughtful politician. The press used the words of John Maynard Keynes to explain the phenomenon; Keynes was reported to have said, when accused of changing his opinion, "When my information changes, I alter my conclusions. What do you do, sir?"<sup>7</sup> If one is a cynic about the possibility of constructive change in drug abuse policy within the political process, a review of the events in this period in New South Wales provides a reason for reconsidering one's cynicism. All in all, substantive discussion prevailed.

## The Risk of Limiting Discussion to Illicit Drug Use

An organized, public, multidisciplinary, professional and political focus on substance abuse issues is an uncommon occurrence. The attention that these issues receive in such

an intensive examination charts the course for policy, clinical, and educational work for future years. The Australian discussion had a very explicit focus, the "illicit drugs problem." As a consequence of this definition, the similar problems of alcohol abuse and dependence and nicotine dependence were excluded from the discussion. Clearly, the more narrow objectives addressed at the Summit facilitated progress, though this strategy also has its serious drawbacks.

Because so much public and political energy was expended in New South Wales on combating illicit drugs, the alcohol beverage industry could breathe a sigh of relief that no direct hits were incurred on its strategies to produce and sell as much product as possible. The use of alcohol in abusive and dependent ways causes many of the same problems that are associated with illicit drug abuse. From a societal perspective, more harm to individuals and higher costs are associated with alcohol problems.<sup>8-10</sup> The issues are very similar in terms of the destructive nature of addiction to family, individuals, and the fabric of society. Similar treatment approaches are employed, and being explored, to address heroin, alcohol, and nicotine addiction. These therapies include both non-pharmacological counseling approaches and pharmacological therapies such as methadone and buprenorphine (heroin), acamprosate and naltrexone (alcohol), and nicotine replacement (tobacco).<sup>11-14</sup> In fact, substance abuse treatment is often targeted to people who abuse heroin, other drugs, or alcohol, or any combination of these substances. From a public health perspective, the insights and progress gained in the effort to address illicit drugs should be incorporated into the strategy to prevent and treat alcohol problems. One could even make the case that tobacco with its mammoth health consequences should not be given

any respite in a substance abuse debate focused on illicit drugs. The Australian effort was laudable, but the lack of vocal concern expressed about the other two major substances abused in modern society, alcohol and nicotine, should be regarded as a missed opportunity.

## Role of Physicians and Public Health Professionals in the Debate

The role of the health professional in the public discussion in New South Wales was central and essential. Those from clinical, research, and policy backgrounds presented varied perspectives. Nonetheless, their collective involvement gave a level of legitimacy to the gathering, and their presentations provided evidence-based data that helped the discussion to move beyond the rhetoric of gut emotion. Leadership roles for academics in such policy arguments can be risky, as the perception that one's research or other public funding may be jeopardized can be an inhibition to active involvement. Despite these barriers, physicians and scientists in Australia rose to the occasion and clearly articulated the complexity of the issue and the state of the science concerning cutting edge approaches to addressing drug abuse.<sup>15-17</sup>

An overall strategy for the drug abuse problem has multiple dimensions, including criminal justice, public safety, and drug interdiction approaches. When health professionals do not step forward and advocate for their important role in the search for a solution, other perspectives often fill the void. A recent effort in the US to establish a collective physician voice, the Physician Leadership on National Drug Policy, is very significant.<sup>18</sup> In the Australian debate, the public health and physician communities rose to the occasion and transformed the drug abuse issue into an essential aspect of the

pursuit of optimal public health.

## Conclusions

In the months following the New South Wales Drug Summit, the national government pursued a strict "tough on drugs" approach to illicit drug use. Despite this climate, the state government of New South Wales began to implement legislation recommended by the Summit. The most publicized has been the attempt to open the nation's first legal, medically supervised injecting room for drug users, a controversial plan that has been stalled for months. More expeditious have been the commitment of a 20% annual increase in funding over four years to drug treatment and the creation of a drug court. However, because many of the Summit resolutions will take time to realize, it is premature to evaluate its long-term accomplishments.

The recent Australian public debate about illicit drug use was an unusual and remarkable social and political event. This experience offers important lessons about the difficult but achievable challenges of implementing a public debate about an issue that adversely affects our patients, friends, families, communities, and ourselves.

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